

**DANTES ASE/ACT EXAMINATION
IMPAC CARD PAYMENT FORM**

INSTRUCTIONS

Please include this completed form in your packet (if applicable) when returning all other ASE Tests and Materials to either address below. Incomplete forms cannot be processed. Thank you.

ASE/ACT DANTES ATTN: HELLEN COBLENTZ <i>or</i> P.O. BOX 4007 IOWA CITY, IA 52243	ASE/ACT-86 TYLER BUILDING ATTN: HELLEN COBLENTZ 301 ACT DRIVE IOWA CITY, IA 52245
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The following examinees are receiving payment for their examination(s) and/or registration fee. Please process the payment under Impac Card number: _____ Expiration date: _____

Unit Name *and* Complete Mailing Address: _____

Card owner's Name (POC) *and* Phone Number (include area code): _____

Full Amount to be charged to the Impac Card: \$ _____

Examinee's Name (Last name, First name, MI)	Social Security Number	MOS RATE <i>or</i> CIV	What is this payment for? (i.e. registration fee and/or non- funded exam(s)). Please indicate exam number if applicable.

Total Amount to charge the Impac Card: \$ _____

Note: *Preparation Guides* are downloadable from the ASE web site at <http://www.asecert.org>

Enclosure (5)